

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-12-05 2 Serial/Patent # 10/520134

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

☐ Treasury Check

☒ Credit Deposit A/C #:

9

5	0	--	0	3	1	0
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Principal Scientist

SIGNATURE: [Signature]

PHONE: 308-9140 ext 211

OFFICE: PCT D/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: